



# SOUTH HUNTINGTON SAINTS



## CONCUSSION INFORMATION LETTER OF RECEIPT

The first concern of the South Huntington Saints Baseball/Softball League is the safety of our athletes. Recently, much has been written about the effects of concussions, particularly on young athletes. We have adopted the philosophies of "when in doubt, sit out" and it is better to miss one game than an entire season."

The South Huntington Saints Baseball/Softball League has adopted the following action plan regarding suspected head injuries:

### WHAT SHOULD A MANAGER/COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. Remove the athlete from play. Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion shall not be allowed to return to play. When in doubt, keep the athlete out of play.
2. Ensure that the athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
  - Cause of the injury and force of the hit or blow to the head
  - Any loss of consciousness (passed out/knocked out) and if so, for how long
  - Any memory loss immediately following the injury
  - Any seizures immediately following the injury
  - Number of previous concussions (if any)
3. Inform the athlete's parents or guardians about the possible concussion. Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
4. Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

Player Name (Required) \_\_\_\_\_

I am the custodial parent or legal guardian authorized to make medical and other decisions for the participant above. By writing my name below, I acknowledge that I have read this document and discussed the same with my child participant.

Parent Name (required) \_\_\_\_\_